

July 12, 2002

Re: Medical Dispute Resolution  
MDR #: M2-02-0754-01  
IRO Certificate No.: IRO 5055

Dear

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the medical records to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating physician. Your case was reviewed by a physician who is Board Certified in Anesthesiology.

**THE PHYSICIAN REVIEWER OF THIS CASE AGREES WITH THE  
RENY COMPANY'S ADVERSE DETERMINATION REGARDING  
COBLATION NUCLEOPLASTY IN THIS CASE.**

I am the Secretary and General Counsel of \_\_\_ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted. We are simultaneously forwarding copies to the patient, the payor, and the Texas Workers' Compensation Commission. This decision by \_\_\_ is deemed to be a Commission decision and order.

#### **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within ten (10) days of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within twenty (20) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you five (5) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings  
Texas Workers' Compensation Commission  
P.O. Box 40669  
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on July 17, 2002.

Sincerely,

**MEDICAL CASE REVIEW**

This is for \_\_\_\_\_. I have reviewed the medical information forwarded to me concerning TWCC Case File #M2-02-0754-01, in the area of Anesthesiology and Pain Management. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Request for review of denial of open Coblation nucleoplasty at levels of L5-S1.
2. Correspondence.
3. History and physical and progress notes dated 2002.
4. History and physical and progress notes dated 2001.
5. History and physical and progress notes dated 2000.
6. Operative reports.
7. Functional capacity evaluation.
8. Nerve conduction study.
9. Radiologic reports.

B. BRIEF CLINICAL HISTORY:

The patient is a 41-year-old female who was injured in a motor vehicle accident on \_\_\_\_\_. Her subsequent course was marked by cervical and lumbar pain and tenderness, giving rise to the diagnosis of multiple pain syndromes. Her treatments have included physical therapy, chiropractic manipulation, oral narcotic analgesics, and epidural steroid injections. Neurologic exams and consultations revealed no deficits or focal findings. A lumbar MRI dated 7/00 shows only central disk protrusion at L5-S1. A subsequent myelogram on 1/29/02 shows only "flattening of the thecal sac" and no evidence of nerve root impingement.

C. DISPUTED SERVICE:

The disputed service is Coblation nucleoplasty at the level of L5-S1.

D. DECISION:

I AGREE WITH THE RENY COMPANY'S ADVERSE DETERMINATION REGARDING COBLATION NUCLEOPLASTY IN THIS CASE.

The procedure is not indicated at this time, based on available records.

E. RATIONALE OR BASIS FOR DECISION:

The patient has had consistently normal neurologic examinations with regard to lumbosacral pathology. The MRI and myelograms are consistent and do not support the diagnosis of L5-S1 radiculopathy. They are, in fact, unremarkable with regard to explaining the patient's symptoms. The findings in the history and physical are largely subjective, without objective signs and findings supporting specific nerve root involvement or deficits. The diagnosis of lumbar radiculopathy is not supported and, therefore, intervention is not indicated.

F. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

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Date: 2 July 2002